



Graduated Reentry

2024 Report to the Legislature

As required by [RCW 9.94A.733](#) (Engrossed Substitute Senate Bill 5121, 2021).

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This is the report to the Legislature as directed by [RCW 9.94A.733](#) (ESSB 5121 [2021]) and contains information on the Department of Corrections Graduated Reentry Program.

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Graduated Reentry Overview

2024 Report to the Legislature

Purpose

“The department shall submit an annual report by December 1st to the appropriate committees of the legislature with the number of offenders who were transferred to home detention as part of the graduated reentry program during the prior year.”

- Engrossed Substitute Senate Bill (ESSB) 5121, Section 1 (9), [2021]

Executive Summary

In 2021, the Washington State Legislature passed [RCW 9.94A.733](#) (ESSB 5121 [2021]), significantly expanding eligibility for the Department of Corrections (DOC) Graduated Reentry (GRE) program. This expansion was based largely on several factors, including prison capacity, success in return for a one-year recidivism rate of under 1%, and societal change regarding the impacts and effects of incarceration in our communities. This expansion allows DOC to transfer individuals onto electronic monitoring at an approved address through two tracks, allowing individuals to serve a portion of their sentence in partial confinement alternatives.

Since last year’s report, the department has focused on enhancing the existing infrastructure including developing and updating policies, creating a combined screening team, updating criteria and tools, and improving processes to support the successful transfer of individuals into the community. The work included the engagement of outside stakeholders, including families of incarcerated individuals, ensuring that a variety of perspectives were considered when developing reentry plans and meeting individuals’ needs.

Successful reentry relies on positive support systems such as family, employment, education, and targeted treatment to reduce the likelihood of negative lifestyle choices which could lead to returning to prison thus negatively impacting public safety.

GRE Program Progress

As we continue to improve the infrastructure for movements of individuals from confinement to community, the procedures and processes are continually being assessed to ensure operational sustainability and programmatic options are available to increase successful reentry. This involves not only the Community Corrections Division but all DOC divisions and partnering with other state agencies.

In January 2024, Reentry Center and GRE screening for eligibility were combined temporarily for a six-month trial. The intent was to avoid duplicative work and competing for the same individual. The results were positive, and the team has been temporarily extended until October 2025. Funding future extensions are being considered in a FY26 Supplemental budget request.

Screening for eligibility is determined based on statute requirements and Department policy which includes a review of their criminal history. There are two tracks in which individuals can be eligible: Track 1 and Track 2. Track 1 is for individuals with violent crimes, sex offenses and crimes against persons. Track 1 individuals must serve 6 months in total confinement in a state facility and can release to a Reentry Center 12 months to their Earned Release Date (ERD) and last 5 months can be on GRE or directly from prison at 5 months to ERD. Track 2 is all others that don't meet Track 1 criteria and must serve 4 months in total confinement in a state facility and can transfer to GRE at 18 months to ERD.

The team consists of six permanent and four non-permanent Corrections Specialists 4, a program manager, an Office Assistant 3, and a non-permanent Corrections Specialist 3. The centralized screening staff screen from a targeted list of approximately 6,000 eligible individuals, which is provided monthly by the department's research and data analytics staff. There has been an exponential increase in the number of individuals transferred to GRE with the updated screening process. From January to July 2024, the number of individuals transferred to GRE increased from 300 to approximately 450 and continues to increase. The reentry center population has increased by approximately 6% within the same period.

The passage of [Second Substitute Senate Bill 5502](#) in July 2023 requiring all individuals to obtain a substance abuse disorder assessment before transferring from full confinement to Electronic Home Monitoring (EHM) through GRE had substantial initial impacts on GRE transfers. The short time frame to implement the bill was problematic as the infrastructure and staffing were not in place to provide full assessments to those who needed it. The Substance Abuse and Recovery Unit (SARU) has hired sufficient staff to greatly reduce the backlog of assessments. Between July 1, 2023, and May 31, 2024, SARU completed 1,381 of 1,579 assessment requests received for individuals being considered for GRE.

GRE has expanded the acceptance of incarcerated individuals participating in the Department of Natural Resources (DNR) firefighting crews in Spokane. They were not previously considered eligible for the program, but staff were able to collaborate and create a pathway for this population. As a result, we had two DNR participants transfer to GRE in September.

Previously, the GRE program was unable to accept individuals with a current sex offense crime due to a lack of funding for sex offender treatment in the community. We are grateful to the legislature for authorized funding for the next two years and contracts are being sought for sex offender community treatment providers.

Extraordinary Medical Placement (EMP) cases will move from Community Corrections Officers (CCO) to GRE specialists for supervision. EMP is a form of partial confinement and is more appropriately supervised by partial confinement staff. The policy is being updated along with specific conditions and contact standards. Health services staff will work collaboratively with GRE staff to develop a viable transfer plan for the individual to the community.

The passage of [Second Substitute Senate Bill 5893](#), effective June 6, 2024, extended the provision of release funds to GRE participants. Upon transfer to the program, they receive \$300 of gate money, which helps them pay for essential items. Individuals who were already participating in GRE when the bill passed were also eligible for the funds and receive them upon release from GRE.

State Audit

The GRE program was selected for a state audit to review the screening process. The outcome was positive. Out of 100 cases reviewed, one was found to be incomplete. As a result of the audit, a standard screening form was developed for use by all DOC staff. These screening forms are saved within our electronic file system.

Staffing

The GRE Program has one administrator, one Administrative Assistant 4, one program manager, seven community corrections supervisors, 10 Corrections Specialist 4s to complete the screening, eight Office Assistant 3s, and 54 Corrections Specialist 3s to monitor program participants.

In March, a community corrections supervisor position was reallocated to a program manager. The program manager monitors and evaluates operations statewide to help inform and develop policy and trainings and create consistent practices.

Staff are located throughout the state in DOC field offices, with approved telework during the week. On the east side of the state, staff have large geographical areas to cover and sometimes travel hundreds of miles in a day.

As the GRE participation numbers continue to increase, more specialists will be needed to monitor individuals in the community.

Stakeholder Engagement

An integrated reentry approach focuses on resources that help prepare, transition, and stabilize individuals upon transfer from total confinement to home detention in the community. DOC alone cannot solve the issues of reentry and recidivism. Collaborating with other agencies and community-based organizations will help individuals choose to break the cycle of incarceration, thus improving public safety. Stakeholder engagement is an ongoing and important strategy as we expand how individuals can transition from prison into the community. DOC continues to communicate progress to stakeholders through updated posts on the external website, working with the Office of the Corrections Ombuds to answer questions, and through the annual Legislative report. The external facing website and mailbox have been utilized to communicate with family members, staff, and other community members regarding GRE policy, processes, and general inquiries. The webpage, <https://doc.wa.gov/corrections/incarceration/graduated-reentry.htm>, includes frequently asked questions, contact information, resources, and information regarding GRE, as well as the number of individuals who move monthly from total confinement to home detention. The website contains information for the prior 12 months for individuals transferring to GRE who received inpatient and outpatient treatment as well as the monthly number of individuals assessed for substance use disorder and transferring to GRE.

GRE administration continues to have monthly meetings with the Ombuds office to discuss concerns and provide program updates. The ongoing communication has resulted in educating Ombuds staff about GRE so they can respond to complaints and get information out about the program. This has resulted in fewer complaints from both individuals and their families.

The department has provided direct access to publications providing information about GRE to incarcerated individuals. Staff have engaged law enforcement, prosecutors, and defense attorneys to answer questions and concerns about the program. The continued engagement has resulted in a better understanding of the program and positive collaboration.

In February, the GRE administrator presented a GRE program overview at the American Probation and Parole Association (APPA). It was well attended and there is interest in GRE nationwide.

The GRE administrator has implemented quarterly town hall meetings with staff and the union to address and discuss concerns and work through them at the lowest level. GRE also has a quarterly newsletter in which staff can submit articles and program updates are provided.

American Behavioral Health Systems (ABHS)

ABHS provides a full continuum of care for persons in need of behavioral health intervention. Specializing in opioid treatment, ABHS treats patients who require medically assisted detox from alcohol and amphetamines and provides inpatient treatment services for up to 90 days. Individuals with addiction histories are assessed by SARU to determine the level of care for treatment. GRE has continued to transition individuals to ABHS before transferring to electronic home monitoring (EHM). The collaboration is successful in treating the individual and providing the level of care required before transferring to the community. We continue to have success with this model and have utilized ABHS as an intervention for education, continuity of care, and relapse behaviors. ABHS has allowed us to place an individual back in treatment in the community, rather than prison as an intervention to drug use. DOC and ABHS regularly collaborate in meeting the needs of this population and in reducing the risk of continued alcohol or drug use upon release or transition to the community. We have a high success rate of 92.8% completions from March 20, 2024, to May 31, 2024, with an average stay of approximately 60 days.

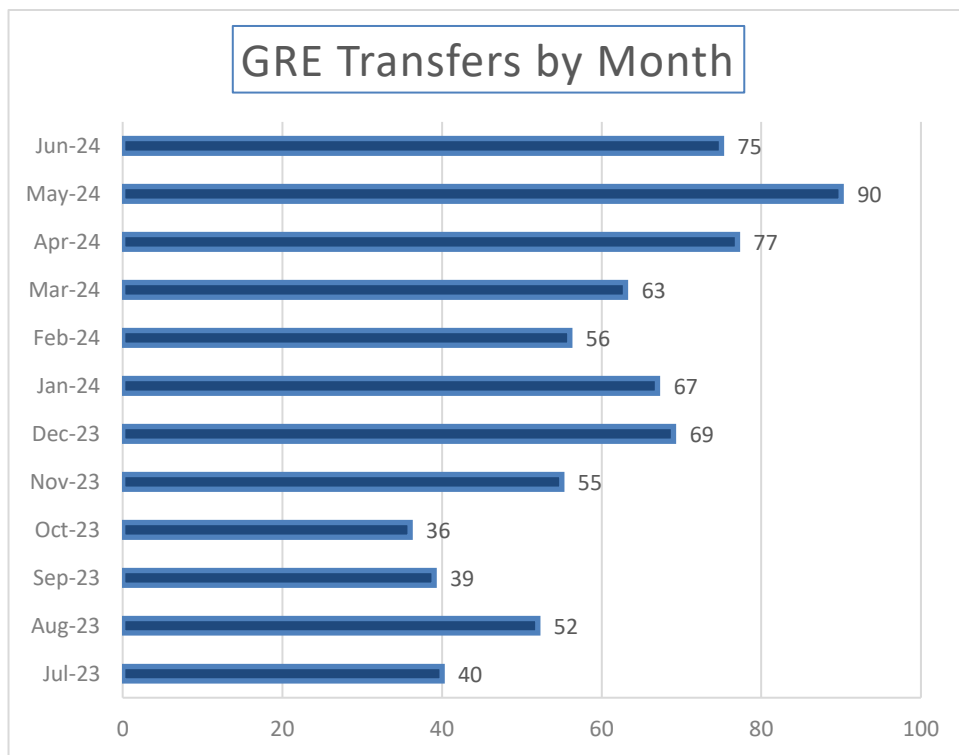
Reentry Navigators

Navigator services are a valuable aspect of the transfer of individuals from prison to GRE. Navigators partner with the GRE team to provide essential items, such as hygiene, clothes, food, and other household or job-related items. We continue to work to refine this process and partnership between navigators and the GRE team, and in the absence of a navigator in a geographical area, GRE staff are creative in finding ways to assist and refer the individuals to resources in the community.

Participant Data

Based on projected prison population data by the Caseload Forecast Council, 424 individuals are forecasted to participate in GRE in FY 2025. The GRE population is steadily increasing due to the creation of the combined screening team and new prison admissions. As the courts have worked through Covid-19 backlogs, sentencing has recommenced, resulting in more individuals entering into the system with shorter sentences that are eligible to be screened for GRE. From July 1, 2023, to June 30, 2024, 719 individuals were transferred onto GRE. On June 30, 2024, the GRE average daily population was 448.

As required by [RCW 9.94A.733](#) (ESSB 5121 [2021]), the number of incarcerated individuals who were transferred each month to home detention as part of GRE is posted on the [department website](#) and updated monthly.



Active population and new assignments to EHM by month, July 1, 2023, to June 30, 2024.

Violations/Terminations

The top three reasons for program termination include possession of and/or a positive drug/alcohol test, unauthorized time or location in the community, and violating an imposed/special condition of the program. From July 1, 2023, to June 30, 2024, 161 participants were terminated from GRE. We understand that the transition from total to partial confinement can present challenges for those reentering their communities. Therefore, when a GRE participant violates the program agreement, we make every effort to work with the individual to identify variables that can help them succeed.

Being found guilty of a WAC violation does not necessarily lead to termination from the GRE Program.

Escapes

Escape is defined as an individual failing to return to their designated residence, leaving their designated residence without authorization, or a situation where staff are unable to verify the individual's location. There were 18 escapes from July 1, 2023, to June 30, 2024, which is almost half the 35 escapes the previous year. Of

those 18 escapes in 2023-2024, four individuals were still on escape, three were on escape for more than 30 days, and 11 were on escape for 30 days or less.

Drug Overdoses

Studies done in Washington state show that formerly incarcerated individuals are at the greatest risk for overdose-related death and have an overdose death rate 129 times higher than that of the general population in the first two weeks following release from prison. The GRE Program had two overdose deaths from fentanyl – one in December 2023 and one in June 2024. Both individuals completed in-patient treatment before transferring to GRE. All individuals receive a substance use disorder assessment before transfer and most participants transition out through in-patient treatment at ABHS. The department continues to drug screen for fentanyl and intervenes early, with treatment offered with the first positive result. Staff provide Narcan and an opioid overdose brochure the day the individual transfers to GRE. Narcan is provided to the transition houses where we have individuals residing, and our staff carry Narcan on their person.

Additionally, the department participates on a collaborative committee, which includes the Department of Corrections, Office of Corrections Ombuds, Health Care Authority, and Department of Health, that reviews unexpected deaths of incarcerated individuals. The unexpected fatality reviews are led by health services and pull together department staff to identify systemic concerns that may reduce unexpected deaths and develop recommendations to the department and legislature for changes in practices or policies to prevent fatalities and stronger safety and health protections for people in custody.

Program Completions

The department recognizes the importance of reentry as a critical tool in breaking the cycle of crime and improving the public health and public safety of our communities. GRE has offered a unique opportunity for DOC to better support and transition incarcerated individuals for successful reentry into our communities. Working collaboratively across the department, 412 of the individuals exiting EHM successfully completed GRE. The program requirements are geared toward accountability and are highly structured, speaking volumes to the perseverance and drive to change by the individuals who successfully complete the program and contribute to improved community and public safety. Staff engagement and the philosophy to support the success of the individual strongly impact the completion numbers.